



State Of California
California Commission On Teacher Credentialing
Box 944270
1900 Capitol Avenue
Sacramento, CA 94244-2700

Telephone:
(916) 445-7254 or (888) 921-2682
E-mail: credentials@ctc.ca.gov
Web site: www.ctc.ca.gov

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

Instruction and Information Sheet

Remove this instruction section before you submit your application and keep it with a photocopy of the complete application packet until your credential is in your possession.

A separate application form and fee is required for each credential for which you apply. If applying for your first credential, and do not hold a Certificate of Clearance (the document required to enter student teaching in California), you must include a completed Character of Identification Clearance form (41-CIC) and fingerprint processing information with your application. There is a fee for processing fingerprint information through the California Department of Justice (DOJ) and the FBI (see fee schedule leaflet for current information CL-659).

Applications not completely and accurately filled in and accompanied by all required supporting materials will be returned to the sender for completion. **If your application is returned to you at any point in the processing, you will need to follow the directions included with it and resubmit it in a timely manner.**

You are responsible for providing the appropriate official transcripts, letters verifying experience, examination score reports, and other information needed to determine your eligibility for the current issuance of the credential each time you submit an application. Transcripts or other supporting materials sent separately from the application will be returned to the sender without further action. We do not maintain pending files and cannot match pieces of an application that arrive separately.

Throughout these instructions we will use the word "credential" to mean any type of credential, certificate, or permit we issue, unless the specific title of the document is important.

1. PERSONAL INFORMATION

Type or print all information requested on this application form. Use your full legal name and be sure to list all former names, including your maiden name. Be sure to notify us in writing of an address change and include your full name and social security number (SSN) so that we can quickly locate your file.

The California Information Practices Act and the Federal Privacy Act provide that agencies requesting information indicate the principal purposes for which that information is used. Your name, former names, social security number, date of birth, address, and telephone numbers are used to provide proper identification of your file and to contact you. Other information is used to determine your eligibility.

With the exception of your SSN and home address, information displayed on the documents you hold or have held is public information and may be disclosed. In addition, pursuant to Education Code section 44230 the Commission may disclose with past, present, or prospective employers or institutions of higher education all information provided with applications submitted by you through those agencies. Information may also be disclosed to other State or Federal agencies as required by law. Personal information may be disclosed to the public only with your permission or in accordance with the law. The information is necessary for the Commission to perform its duty under Education Code Sections 44200-44439, which authorize this work. If not furnished, your application may be denied, delayed, or returned for completion. You are required to provide a social security number or federal tax identification number on your application pursuant to 42 USC §666 and California Family Code §17520.

You have a right to review personal information maintained on you by our agency unless access is exempted by law. The Director of Certification, Assignment, and Waivers Division, 1900 Capitol Avenue, Sacramento, California 95814, (916) 445-7254, is responsible for the maintenance of this information.

2. TYPE OF CREDENTIAL

Select the Type and Name of Credential you are applying for by checking the appropriate box(s). If applicable, include any Subjects, CLAD, BCLAD and Supplementary Authorization Subjects.

3. EDUCATION

List your college or university degrees as shown. Official transcripts for applicable course work bearing the raised seal of the institution or the registrar's signature in ink must accompany your application. Grade cards are not acceptable.

If you apply through a school district or county office of education, you may include photocopies as long as the agency submits the application. If the college or university will not release the official transcripts to you, contact your employer to see if they will allow you to file your application with them so that you can request that the transcripts be sent directly from the institution to your employer, who can attach them to the application and forward the packet to us.

Do not have any college or university mail transcripts directly to this office separate from the application. If no course work was required, no transcripts need be submitted.

Applicants who have completed their degree or professional preparation outside of the United States must have their degrees and transcripts evaluated by an agency approved by the Commission prior to submitting their application. Call our office to request specific information about this process, including a list of approved evaluating agencies. (Call 916 445-7254 or 888 921-2682 and press 5.)

4. PERSONAL AND PROFESSIONAL FITNESS / OATH AND AFFIDAVIT

You are required to answer all questions. If you answer "yes" to a question, you must submit a full explanation on a separate sheet of paper. You must submit a **complete** explanation each time you apply for a credential.

You are required to disclose all criminal convictions (misdemeanors and felonies), including convictions based on a plea of no contest. You must disclose a conviction no matter how much time has passed even if the case has been dismissed pursuant to Penal Code Section 1203.4.

Warning: Failure to disclose information or providing false or deceitful answers could lead to criminal prosecution, denial of your application, and/or adverse action on other credentials you currently hold.

Please complete this section and certify (or declare) under penalty of perjury under the laws of California that all the foregoing statements in this application are true and correct by signing the oath.

FEES

Attach a **certified check or money order** for the total amount to the front of the application. A personal check is acceptable if you are mailing the application directly to the Commission. Make checks payable to the **California Commission on Teacher Credentialing**. Be sure to include the required fees for all applications and fingerprint cards that you are currently submitting. See the fee schedule to determine the correct amount. If you are applying through a county office of education, or school district office, you might be asked to make the check payable to that *agency* so they can submit a single check to the Commission for all of their applicants.

The application fee is considered earned when the application is received and is **not refundable** (Reference: Title 5, California Code of Regulations, Section 80487). A service charge will be assessed for a check that does not clear the bank. Your application and fee remain valid for one year.

If you are employed on an emergency permit (other than a 30-Day Substitute Permit), a one-year nonrenewable credential, or district internship credential you must apply through your employing school district or county office of education.

If you are not currently completing your professional preparation program or employed in the public schools of California, you may send your application directly to us.

ADDITIONAL INFORMATION

You are responsible for submitting all supporting materials required for the type of credential for which you are applying.

If this is your first application for this type of credential and you hold an **out-of-state credential/certificate/ license** authorizing this type of public school service, include a photocopy of that document.

If you already have fingerprint clearance on file with us, your credential will be printed and mailed to you once it is granted. If you submitted fingerprint cards with your application, you will receive a letter verifying your academic eligibility for the credential when your application is favorably evaluated and the fingerprint cards will be forwarded to the DOJ and the FBI for processing. Fingerprint processing generally takes three to six months. When we receive clearance from both DOJ and FBI, your credential will be printed and mailed. The application form and supporting materials will not be returned to you.

Title 5, California Code of Regulations, Section 80443, sets a minimum processing time for completed applications. Applicants not notified of their credential status within 75 working days after the Commission receives the application have the right to file an appeal, in writing, with the Executive Director of the Commission for a refund of the filing fee. Applications delayed by a Commission appeal, Professional Standards review, or fingerprint processing are not subject to the 75-day restriction. The Commission may deny the refund request if the Commission's application workload exceeds by 15 percent the number of applications processed in the same quarter of the previous year, or if other statutory mandates cause an unforeseeable delay in application processing.

Request a return receipt through the post office when you mail the application packet if you would like notice that your application form was received by the Commission.

If you need additional information about credentialing in California or about filing your application, you may write, telephone, or e-mail the California Commission on Teacher Credentialing at the address on the top of the instructions. Additional application forms and information are also available at county offices of education, school district offices, and in the education offices at colleges and universities with Commission-accredited professional preparation programs.

Before you seal the envelope, have you enclosed:

For the first-time California credential applicant, be sure you have included the following items. Incomplete applications will be returned to you.

- ☐ Application (41-4) form
- ☐ Character and Identification (41-CIC) form
- ☐ Livescan 41-LS receipt or two fingerprint cards (FD-258)
- ☐ Exam score reports when applicable
- ☐ Official transcripts and other necessary materials
- ☐ Current fees

For all other types of applications

- ☐ Application (41-4) form
- ☐ Official transcripts and/or other necessary materials when applicable
- ☐ Current fees

Please be sure that all sections have been completed and the oath signed.

Thank you for your interest in the California public schools.

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

Mail to: STATE OF CALIFORNIA
CALIFORNIA COMMISSION ON TEACHER
CREDENTIALING
BOX 944270 (1900 Capitol Avenue)
SACRAMENTO, CALIFORNIA 94244-2700

(For Privacy Act Notification See Instructions)

☐ Appeal: CTC or RGA _____

☐ Route to _____

Commission Use Only: Fee Information	
APP	FP
EXAM	OTHER

Fee Stamp

County/District/Use Only _____

Issuance Date: _____

1. PERSONAL INFORMATION (Type or print)

Social Security Number: - -

Date of Birth - -
Month Day Year

Applicant's Full Legal Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Mailing Address

City _____ State _____ ZIP Code _____

All Former/Maiden Name(s): _____

County of Employment _____

Home Phone () _____ Work Phone () _____ E-Mail Address: _____

2. TYPE OF CREDENTIAL

<input type="checkbox"/> 30-Day Substitute <input type="checkbox"/> Career Substitute <input type="checkbox"/> Prospective Substitute <input type="checkbox"/> Adaptive PE <input type="checkbox"/> Agriculture Variant	<input type="checkbox"/> Special Education <input type="checkbox"/> Education Specialist <input type="checkbox"/> Mild/Moderate Disabilities <input type="checkbox"/> Moderate/Severe Disabilities <input type="checkbox"/> Deaf & Hard of Hearing <input type="checkbox"/> Physical & Health Impairments <input type="checkbox"/> Visual Impairments <input type="checkbox"/> Early Childhood Special Ed <input type="checkbox"/> Resource Specialist <input type="checkbox"/> Sojourn <input type="checkbox"/> Exchange <input type="checkbox"/> Out of State Program	<input type="checkbox"/> SB 395 <input type="checkbox"/> Reading Certificate <input type="checkbox"/> Reading Specialist <input type="checkbox"/> Supplementary Authorization <input type="checkbox"/> Limited Assignments <input type="checkbox"/> Services Credentials <input type="checkbox"/> Administrative <input type="checkbox"/> Pupil Personnel <input type="checkbox"/> Clinical Rehabilitative <input type="checkbox"/> School Nurse <input type="checkbox"/> Library Media <input type="checkbox"/> Health	<input type="checkbox"/> Child Development <input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/> School-Age Emphasis <input type="checkbox"/> Children's Center <input type="checkbox"/> Designated Subject <input type="checkbox"/> Adult <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Vocational <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Special Subjects <input type="checkbox"/> Supervision & Coordination <input type="checkbox"/> Vocational 30-Day Substitute <input type="checkbox"/> SB57
---	--	--	--

NAME OF CREDENTIAL

☐ Multiple ☐ Certificate of Eligibility

☐ Single Subject(s) _____

☐ CLAD ☐ BCLAD Language _____

Supplementary Authorization Subject(s) _____

EMERGENCY PERMITS AND INTERNS

☐ Internship ☐ Pre-Intern ☐ District Intern ☐ Long-Term Emergency

Applications for emergency permits, except 30-Day Substitute Teaching Permits, must be filed through the employing agency, which must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications.

☐ County CDS Code _____ ☐ School District CDS Code _____ ☐ Charter School _____

☐ Non-Public School or Agency _____ ☐ Statewide Agency _____

COMMISSION USE ONLY

FP Reject:

DOJ/FBI Initials _____ Date _____

DOJ/FBI _____

CO Initials _____ Date _____

3. EDUCATION

List all colleges and universities you have attended. A complete set of official transcripts must accompany the initial application for each credential.

Name of Institution	Location	Dates of Attendance From	To	Degree and Subject/Major	Date Granted

4. PERSONAL AND PROFESSIONAL FITNESS (All information must be completed each time you apply.)

Answer the questions below by checking "yes" or "no." If you answer yes to any question, you must submit a full explanation using a separate sheet of paper.

a. Have you ever been dismissed, retired, resigned from, non-re-elected, suspended for more than ten days, or otherwise left school employment because of allegations of misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you ever been convicted, including a conviction based on a plea of no contest, of any felony or misdemeanor in California or any other place? (Note: You must disclose your conviction even if the case was dismissed pursuant to Penal Code Section 1203.4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you ever been or are you currently the subject of any inquiry or investigation by any licensing agency or law enforcement agency (in California or any other state)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are any criminal charges currently pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is any disciplinary action now pending against you in any school district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license, or other document authorizing public school service or teaching, privately admonished, publicly reprimanded, suspended, revoked, voided, self revoked and/or otherwise subjected to any other disciplinary action for cause in California or any other place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Have you ever had any application for a credential, including but not limited, to any Certificate of Clearance, permit, credential, license or other document authorizing public school service or teaching, denied and/or rejected for cause in California or any other state or place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OATH AND AFFIDAVIT

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date _____ City _____ County _____ State _____

☒ SIGNATURE OF APPLICANT _____

BEFORE MAILING, PLEASE REVIEW THE APPLICATION FOR COMPLETENESS.